24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC			
	C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
HWS Headway Work Force Solutions	M M / D D / Y Y Y		
Mailing Address 421 Fayetteville St #1020	10 01 2016		
4211 dyckoviilo ot ii 1020	Amount		
City State Zip Code	30843.75		
Raleigh NC 27601	Transaction ID : SE.6476		
Purpose of Expenditure	Date of Disbursement or Obligation		
Payroll estimate for canvassers 10/1-10/19 Category/ Type O01	10 01 / 2016		
Name of Federal Candidate Support Office	e Sought: House District:		
HILLARY RODHAM CLINTON X Oppose	President Senate State:		
Odichdal Ical lo Balc	ursement For: Primary X General		
Per Election for Office Sought 172903.17 2016	Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
HWS Headway Work Force Solutions	10 01 2016		
Mailing Address 421 Fayetteville St #1020	10 01 2010		
	Amount		
City State Zip Code	30843.75		
Raleigh NC 27601	Transaction ID : SE.6478		
Purpose of Expenditure Category/ Category/ O01	Date of Disbursement or Obligation		
Payroll estimate for canvassers 10/1-10/19 Payroll estimate for canvassers 10/1-10/19 Outcome of the state	10 01 2016		
Name of Federal Candidate Support Offic	e Sought: House District:		
TED STRICKLAND Oppose	President Senate State: OH		
	ursement For: Primary X General		
Per Election for Office Sought 86979.58			
(a) SUBTOTAL of Itemized Independent Expenditures	61687.50		
	7 7 7		
(b) SUBTOTAL of Unitemized Independent Expenditures			
	4 1 4		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not m.	ade in cooperation, consultation, or concert		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either	•		
party committee) any political party committee or its agent.			
Emily Buchanan	M / D D / Y Y Y Y		
[Electronically Filed] Date Signature	9 30 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
	0
Check if 24-hour report 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y Y
Full Name of Payee HWS Headway Work Force Solutions	Date of Public Distribution/Dissemination
Tivos fleadway Work Force Solutions	10 01 Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020	Amount
City State Zip Code	3750.00
Raleigh NC 27601	Transaction ID : SE.6480 Date of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19 Category/ Type 002	10 01 / 2016
Name of Federal Candidate Support Offic	e Sought: House District:
HILLARY RODHAM CLINTON X Oppose X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
HWS Headway Work Force Solutions	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020	Amount
	Amount
City State Zip Code	3750.00
Raleigh NC 27601	Transaction ID : SE.6482 Date of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19 Category/ Type 002	10 01 2016
Name of Federal Candidate Support Office	e Sought: House District:
TED STRICKLAND Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disb 2010	ursement For: Primary General Other (specify) Other (specify)
	Outer (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 30 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILIND	ITOTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Hilton Garden Inn				10 / 01 / 2016
Mailing Address 3232 Olentangy Riover Rd			Amou	nt
City	State	Zip Code	— L.	3750.00
Columbus	ОН	43202		action ID : SE.6489 of Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002		10 01 / 2016
Name of Federal Candidate		Support	Office Sough	it: House District:
HILLARY RODHAM CLINTON		X Oppose	✗ Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	182278.17	Disbursemen 2016 O	ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Hilton Garden Inn				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3232 Olentangy Riover Rd			Amou	int
City	State	Zip Code		3750.00
Columbus	ОН	43202		action ID : SE.6491 of Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002		10 01 2016
Name of Federal Candidate		Support	Office Sough	nt: House District:
TED STRICKLAND		X Oppose	Presid	ent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	96354.58	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		· [7500.00
(b) SUBTOTAL of Unitemized Independent Expend	ditures		•	
				4 4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Emily Buchanan	[Electron	ically Filed] Date	09	30 / 2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	HONES		PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			[C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Thrifty Car Rental			Date of	Public Distribution/Dissemination
			1	0 01 2016
Mailing Address 1534 Sunset Blvd			Amount	
City	State	Zip Code		1875.00
Steubenville	ОН	43952		ction ID : SE.6485 Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District:
HILLARY RODHAM CLINTON		X Oppose	residen	
Calendar Year-To-Date Per Election for Office Sought		178528.17	Disbursement 2016 Oth	For: Primary General er (specify)
Full Name of Payee	-		Date of	Public Distribution/Dissemination
Thrifty Car Rental				0 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1534 Sunset Blvd			Amount	
City	State	Zip Code		1875.00
Steubenville	ОН	43952		tion ID : SE.6487 Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002	М	0 01 2016
Name of Federal Candidate		Support	Office Sought:	House District:
TED STRICKLAND		X Oppose	Presider	state: OH
Calendar Year-To-Date Per Election for Office Sought		92604.58	Disbursement 2016 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		· •	3750.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures		· •	71171171
(c) TOTAL Independent Expenditures			· •	80437.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Emily Buchanan	[Electron	nically Filed] Date		30 / 2016
Signature				